

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

WESTERN REPRESENTATION PAC

ADDRESS (number and street)

4856 E. Baseline Rd. Suite 104

☒ XCheck if different  
than previously  
reported. (ACC)

Mesa

AZ

85206

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00461772

3. IS THIS  
REPORT☒ XNEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒ XJuly 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Roger Stockton

Signature of Treasurer

Electronically Filed by Roger Stockton

Date

07

31

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 1

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		39461.54
(b) Cash on Hand at Beginning of Reporting Period .....	39461.54	
(c) Total Receipts (from Line 19) .....	127762.07	127762.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	167223.61	167223.61
7. Total Disbursements (from Line 31) .....	145440.18	145440.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21783.43	21783.43
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	22875.00	22875.00
(ii) Unitemized .....	104887.07	104887.07
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	127762.07	127762.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	127762.07	127762.07
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	127762.07	127762.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	127762.07	127762.07

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	140060.24	140060.24	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	140060.24	140060.24	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	500.00	500.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..... ➤	0.00	0.00	
29. Other Disbursements.....	4879.94	4879.94	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	145440.18	145440.18	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	145440.18	145440.18	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	127762.07	127762.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	127762.07	127762.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	140060.24	140060.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	140060.24	140060.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

GENE ALLEY

Mailing Address 346 CALLE BAHIA

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.T. HORN CO.

Occupation  
executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.21838

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

john r anderson

Mailing Address p.o.box 136

City

gail

State

TX

Zip Code

79738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.26272

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ted Barben

Mailing Address 4801 Reds Grade

City

Carson City

State

NV

Zip Code

89703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.21850

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Sandra Barrett

Mailing Address PO Box 1185

City

Alto

State

NM

Zip Code

88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.21847

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Melvin Bell

Mailing Address 9136 Elkmont Way

City

Elk Grove

State

CA

Zip Code

95793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bell Tasty Foods

Occupation  
Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.21821

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ADELE BINDER

Mailing Address 11111 SANTA MONICA Ste 1850

City

LOS ANGELES

State

CA

Zip Code

90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.21813

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas K Black

Mailing Address 505 McIntosh

City

shreveport

State

LA

Zip Code

71115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
thomas k black cpa

Occupation  
cpa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.22126

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas K Black

Mailing Address 505 McIntosh

City

shreveport

State

LA

Zip Code

71115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
thomas k black cpa

Occupation  
cpa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26719

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dan Boyd

Mailing Address 1400 West Third Ave

City

Denver

State

CO

Zip Code

80223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOYD INVESTMENT CO

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.26955

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald W Buckalew

Mailing Address 907 Amherst Drive

City

Charleston

State

WV

Zip Code

25302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spencer Presbyterian Church  
Spencer W

Occupation

Minister

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.26463

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jack A Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.21811

Amount of Each Receipt this Period

535.00

**C.**

Full Name (Last, First, Middle Initial)

Jack A Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.23071

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Jack A Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.25522

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jack A Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.25799

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jack A Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.26124

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Jack A Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.26380

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jack A Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.26419

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.22190

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.22790

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.22647

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.22789

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.22788

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.22787

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.22786

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.25770

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Cecil

Mailing Address 13818 Almahurst Circle

City

Cypress

State

TX

Zip Code

77429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.21825

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Allen Cecil

Mailing Address 13818 Almahurst Circle

City

Cypress

State

TX

Zip Code

77429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.24971

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.22513

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.23530

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.23529

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.23528

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23526

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.23525

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 17 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.23524

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.25661

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.25839

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.25980

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.26014

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.26138

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.26422

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph H Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.26573

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Cochran

Mailing Address 4444 Eck Lane

City

Austin

State

TX

Zip Code

78734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress E&P Corp

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.21844

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Crabtree

Mailing Address 7859 Twin Ridge Drive

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26772

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Wade A Crawford

Mailing Address 201 N .Mathew Street

City

Porterville

State

CA

Zip Code

92257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.25713

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Wade A Crawford

Mailing Address 201 N .Mathew Street

City

Porterville

State

CA

Zip Code

92257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.25752

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Wade A Crawford

Mailing Address 201 N .Mathew Street

City State Zip Code  
 Porterville CA 92257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.26585

Amount of Each Receipt this Period

33.00

**B.**

Full Name (Last, First, Middle Initial)

Ida DeField

Mailing Address 4700 Chancery Way

City State Zip Code  
 Carmichael CA 95608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.21839

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Delgado

Mailing Address 14673-A Easy St

City State Zip Code  
 Mountain View CA 94035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.25107

Amount of Each Receipt this Period

102.00

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

David W Dick

Mailing Address 5909 Quinta Real Ct.

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Life Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.21836

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David W Dick

Mailing Address 5909 Quinta Real Ct.

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Life Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.25063

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David W Dick

Mailing Address 5909 Quinta Real Ct.

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Life Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.25163

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

David W Dick

Mailing Address 5909 Quinta Real Ct.

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Life Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.26092

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

David W Dick

Mailing Address 5909 Quinta Real Ct.

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Life Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.26687

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James C Edwards

Mailing Address 801 South Garner Street

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clearfield Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.26617

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

James C Edwards

Mailing Address 801 South Garner Street

City

State

Zip Code

State College

PA

16801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clearfield Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.26618

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

State

Zip Code

South Burlington

VT

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.24601

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

State

Zip Code

South Burlington

VT

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23694

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.24600

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.25903

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.25955

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.26090

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.26371

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.26637

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Stewart Engelman

Mailing Address 9 Cranwell Avenue

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Champlain Micro Systems

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26723

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Arthur Evans

Mailing Address 6314 e co rd 100 n.

City

Coatesville

State

IN

Zip Code

46121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
magic circle corp

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.21828

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Thane Farmer

Mailing Address 11197 Weatherstone Drive

City

Waynesboro

State

PA

Zip Code

17268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26038

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Thane Farmer

Mailing Address 11197 Weatherstone Drive

City

Waynesboro

State

PA

Zip Code

17268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.26270

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Rich Farrington

Mailing Address 23200 Fortress Court #1533

City

Pioneer

State

CA

Zip Code

95666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26777

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Fylstra

Mailing Address P.O. Box 4288

City

Incline Village

State

NV

Zip Code

89450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frontline Systems Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.26285

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard Gordon

Mailing Address 3882 NE 203rd Ave

City

Fairview

State

OR

Zip Code

97024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IPD Co. Inc

Occupation

Auto Parts Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.22086

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Gordon

Mailing Address 3882 NE 203rd Ave

City

Fairview

State

OR

Zip Code

97024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IPD Co. Inc

Occupation

Auto Parts Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.22536

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Gordon

Mailing Address 3882 NE 203rd Ave

City

Fairview

State

OR

Zip Code

97024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IPD Co. Inc

Occupation

Auto Parts Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	1

Transaction ID: SA11AI.22535

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard Gordon

Mailing Address 3882 NE 203rd Ave

City

Fairview

State

OR

Zip Code

97024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IPD Co. Inc

Occupation

Auto Parts Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.22078

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

James Hamp

Mailing Address 12150 Washington Center Pkwy

City

Thornton

State

CO

Zip Code

80241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oracle USA

Occupation

Support Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.25969

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Brent Harris

Mailing Address 5804 N 160th Ave

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acorn Plumbing

Occupation

Master Plumber

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.21829

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN MEDIA, INC.

Occupation  
manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.21817

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN MEDIA, INC.

Occupation  
manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.21816

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN MEDIA, INC.

Occupation  
manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.26644

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Tom Hunt

Mailing Address 741 Eastridge Dr

City

Medford

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.25612

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kurt Hyde

Mailing Address 2701 Yellowstone Park Lane

City

Corinth

State

TX

Zip Code

76210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fidelity National Financi-  
al

Occupation  
Database Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.21815

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN JACKSON

Mailing Address 3937 ROOSEVELT ST. NE

City

BREMERTON

State

WA

Zip Code

98311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept. of Defense

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26774

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Darryl Jacobs

Mailing Address 105 Maple Drive

City

Spring Church

State

PA

Zip Code

15686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penneco Affiliated Compan-  
ies

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.21835

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Darryl Jacobs

Mailing Address 105 Maple Drive

City

Spring Church

State

PA

Zip Code

15686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penneco Affiliated Compan-  
ies

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.21901

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Wendy Kolokotronis

Mailing Address P.O. Box 1449

City

La Canada Flintri

State

CA

Zip Code

91012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.21810

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Wendy Kolokotronis

Mailing Address P.O. Box 1449

City

La Canada Flintri

State

CA

Zip Code

91012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.25689

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Wendy Kolokotronis

Mailing Address P.O. Box 1449

City

La Canada Flintri

State

CA

Zip Code

91012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.25690

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Wendy Kolokotronis

Mailing Address P.O. Box 1449

City

La Canada Flintri

State

CA

Zip Code

91012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26753

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Roger Kucway

Mailing Address 5954 walnut springs

City

sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRO inc

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.25782

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Roger Kucway

Mailing Address 5954 walnut springs

City

sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRO inc

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.26607

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dan Lewis

Mailing Address 5110 Twilight Canyon Road #29H

City

Yorba Linda

State

CA

Zip Code

92887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.21833

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Randy Linn

Mailing Address P.O. Box 453

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Floral Design, Inc.

Occupation

Manufacturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Transaction ID: SA11AI.26106

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Randy Linn

Mailing Address P.O. Box 453

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Floral Design, Inc.

Occupation

Manufacturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Transaction ID: SA11AI.26520

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

mary marecek

Mailing Address box 222

City

midkiff

State

TX

Zip Code

79755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: SA11AI.21819

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert McDonald

Mailing Address 10901 Woodfair Rd

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Energetics IncOccupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.25434

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald McGehee

Mailing Address 537 Parducci Road

City

Ukiah

State

CA

Zip Code

95482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: SA11AI.21846

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Noel Medel

Mailing Address 610 Pin Oak Drive

City

Searcy

State

AR

Zip Code

72143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nephrology AssociatesOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	1

Transaction ID: SA11AI.26018

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

775.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Noel Medel

Mailing Address 610 Pin Oak Drive

City

Searcy

State

AR

Zip Code

72143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nephrology Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.26397

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Noel Medel

Mailing Address 610 Pin Oak Drive

City

Searcy

State

AR

Zip Code

72143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nephrology Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.26695

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J Messina

Mailing Address 111 W. 75th Street

City

Kansas City

State

MO

Zip Code

64114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.25699

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Katherine I Mulford Davis

Mailing Address 21 west 76

City

new york

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Claremont Group Ltd

Occupation

Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.23231

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Katherine I Mulford Davis

Mailing Address 21 west 76

City

new york

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Claremont Group Ltd

Occupation

Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.25953

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Katherine I Mulford Davis

Mailing Address 21 west 76

City

new york

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Claremont Group Ltd

Occupation

Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.26369

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

John Nugier

Mailing Address 40128 Road 36

City

Kingsburg

State

CA

Zip Code

93631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brake Machinery Sales Inc.Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.21808

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Sally R Plaisted

Mailing Address 945 Rose Ave

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Healthcare RecoveriesOccupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.25484

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cynthia Porter

Mailing Address 45 Militia Hill Road

City

Warrington

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.21831

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Beverly Rasmussen

Mailing Address 209 Woodland Ct

City

Brookings

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.26721

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Ross

Mailing Address P.O. Box 18718

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.21841

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Ryan

Mailing Address 18 Cinder Ct

City

Sacramento

State

CA

Zip Code

95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ryan Associates

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22405

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry Ryan

Mailing Address 18 Cinder Ct

City

Sacramento

State

CA

Zip Code

95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ryan Associates

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.25636

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Schoenberger

Mailing Address 5855 filaree

City

Malibu

State

CA

Zip Code

90265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
kas engineering

Occupation  
Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.21848

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Schroeder

Mailing Address 4160 41st Street #14

City

San Diego

State

CA

Zip Code

92105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.21822

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald Schroeder

Mailing Address 4160 41st Street #14

City

San Diego

State

CA

Zip Code

92105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.21918

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

Chandler

State

AZ

Zip Code

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.21827

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

Chandler

State

AZ

Zip Code

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.21865

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.21826

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.21851

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.21864

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.21824

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.21863

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.21823

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.21862

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.27058

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.25754

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.26942

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.26372

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.26668

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Skubinna

Mailing Address PO Box 446

City

Union

State

WA

Zip Code

98592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
Mariner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.27010

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Spragens

Mailing Address 7426 Fisher Island Dr.

City

Fisher Island

State

FL

Zip Code

33109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SafeStitch Medical

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.21840

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gaylord Staveley

Mailing Address 1117 E Marina Ln

City

Flagstaff

State

AZ

Zip Code

86004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Canyoneers, Inc

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.25534

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Gaylord Staveley

Mailing Address 1117 E Marina Ln

City

Flagstaff

State

AZ

Zip Code

86004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Canyoneers, IncOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.26071

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN STERRY

Mailing Address 18947 KILFINAN STREET

City

NORTHRIDGE

State

CA

Zip Code

91326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	1

Transaction ID: SA11AI.21843

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

Longboat Key

State

FL

Zip Code

34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: SA11AI.26554

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Sandra Way

Mailing Address 204 Clyde Drive

City

Walnut Creek

State

CA

Zip Code

94598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
housewife

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: SA11AI.26722

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

22875.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Alaska Airlines

Mailing Address P.O. Box 24948

City  
Seattle

State  
WA

Zip Code  
98124

Purpose of Disbursement  
Travel Expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24702

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

3123.22

B.

Full Name (Last, First, Middle Initial)

Clear Channel

Mailing Address PO Box 847396

City  
Dallas

State  
TX

Zip Code  
75284

Purpose of Disbursement  
advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24712

Date of Disbursement

02 / 23 / 2011

Amount of Each Disbursement this Period

1122.00

C.

Full Name (Last, First, Middle Initial)

Clear Channel

Mailing Address PO Box 847396

City  
Dallas

State  
TX

Zip Code  
75284

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24715

Date of Disbursement

02 / 23 / 2011

Amount of Each Disbursement this Period

790.00

SUBTOTAL of Disbursements This Page (optional) .....

5035.22

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Country Inn Mesa

Mailing Address 6650 East Superstition Springs Blv

City State Zip Code  
Mesa AZ 85206

Purpose of Disbursement

Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24723

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

510.33

B.

Full Name (Last, First, Middle Initial)

Country Inn Mesa

Mailing Address 6650 East Superstition Springs Blv

City State Zip Code  
Mesa AZ 85206

Purpose of Disbursement

Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24729

Date of Disbursement

03 / 07 / 2011

Amount of Each Disbursement this Period

340.22

C.

Full Name (Last, First, Middle Initial)

DB Capitol Strategies PLLC

Mailing Address PO BOX 75021

City State Zip Code  
Washington DC 20013

Purpose of Disbursement

Legal services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.25454

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1850.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

DB Capitol Strategies PLLC

Mailing Address PO BOX 75021

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Legal services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.25456

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd

City  
Atlanta

State  
GA

Zip Code  
30320

Purpose of Disbursement  
Travel expenses supporting non-federal candidate Phil Moffett

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24760

Date of Disbursement

04 / 21 / 2011

Amount of Each Disbursement this Period

511.20

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 1601 South California Avenue

City  
Palo Alto

State  
CA

Zip Code  
94304

Purpose of Disbursement  
Web ad

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.25452

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

199.95

**SUBTOTAL** of Disbursements This Page (optional) .....

1711.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27114

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

1724.00

B.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27115

Date of Disbursement

03 / 17 / 2011

Amount of Each Disbursement this Period

609.46

C.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27116

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

583.31

SUBTOTAL of Disbursements This Page (optional) .....

2916.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27117

Date of Disbursement

04 / 20 / 2011

Amount of Each Disbursement this Period

535.25

B.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27118

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

618.20

C.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27119

Date of Disbursement

05 / 18 / 2011

Amount of Each Disbursement this Period

470.13

SUBTOTAL of Disbursements This Page (optional) .....

1623.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27120

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1422.39

B.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27121

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

362.29

C.

Full Name (Last, First, Middle Initial)

Fundly Inc

Mailing Address 70 Broadway St.

City  
Westford

State  
MA

Zip Code  
01886

Purpose of Disbursement  
Web donation processing fee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27122

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

460.25

SUBTOTAL of Disbursements This Page (optional) .....

2244.93

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Grassfire Nation

Mailing Address P.O. Box 206

City  
Maxwell

State  
IA

Zip Code  
50161

Purpose of Disbursement  
Advertising expenses

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.24761

Date of Disbursement

04 / 19 / 2011

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Hampton Inn

Mailing Address 4234 S. 48th Street

City  
Phoenix

State  
AZ

Zip Code  
85040

Purpose of Disbursement  
Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.24693

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

317.74

**C.**

Full Name (Last, First, Middle Initial)

Hyatt Hotel Louisville

Mailing Address 320 West Jefferson Street

City  
Louisville

State  
KY

Zip Code  
40202

Purpose of Disbursement  
Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.24772

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

273.59

**SUBTOTAL** of Disbursements This Page (optional) ►

1091.33

**TOTAL** This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc Mailing Address 1811 Newman PI	<b>Transaction ID:</b> SB21B.24688 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 1 1</div> </div>
City Carson City State NV Zip Code 89703 Purpose of Disbursement Email service Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>883.37</div> <div>003</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc Mailing Address 1811 Newman PI	<b>Transaction ID:</b> SB21B.24695 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div>
City Carson City State NV Zip Code 89703 Purpose of Disbursement Email service Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>548.15</div> <div>003</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc Mailing Address 1811 Newman PI	<b>Transaction ID:</b> SB21B.24740 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 1</div> </div>
City Carson City State NV Zip Code 89703 Purpose of Disbursement Email services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1039.95</div> <div>003</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

2471.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc	<b>Transaction ID:</b> SB21B.24745 <b>Date of Disbursement</b>																				
Mailing Address 1811 Newman PI	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
<table border="1"> <tr> <td>City Carson City</td> <td>State NV</td> <td>Zip Code 89703</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Email services</td> <td rowspan="2"> <div>003</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Carson City	State NV	Zip Code 89703	Purpose of Disbursement Email services		<div>003</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>450.00</div>												
City Carson City	State NV	Zip Code 89703																			
Purpose of Disbursement Email services		<div>003</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc	<b>Transaction ID:</b> SB21B.24748 <b>Date of Disbursement</b>																				
Mailing Address 1811 Newman PI	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
<table border="1"> <tr> <td>City Carson City</td> <td>State NV</td> <td>Zip Code 89703</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Website programming and development</td> <td rowspan="2"> <div>004</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Carson City	State NV	Zip Code 89703	Purpose of Disbursement Website programming and development		<div>004</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>5800.00</div>												
City Carson City	State NV	Zip Code 89703																			
Purpose of Disbursement Website programming and development		<div>004</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc	<b>Transaction ID:</b> SB21B.24778 <b>Date of Disbursement</b>																				
Mailing Address 1811 Newman PI	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	1	1												
<table border="1"> <tr> <td>City Carson City</td> <td>State NV</td> <td>Zip Code 89703</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Email and web services</td> <td rowspan="2"> <div>003</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Carson City	State NV	Zip Code 89703	Purpose of Disbursement Email and web services		<div>003</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>1327.91</div>												
City Carson City	State NV	Zip Code 89703																			
Purpose of Disbursement Email and web services		<div>003</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**7577.91**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc Mailing Address 1811 Newman PI	<b>Transaction ID:</b> SB21B.24786 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 1 1</div> </div>
City Carson City State NV Zip Code 89703 Purpose of Disbursement Email services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>800.00</div> <div>003 Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Innovative Networks Inc Mailing Address 1811 Newman PI	<b>Transaction ID:</b> SB21B.27146 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 8 / 2 0 1 1</div> </div>
City Carson City State NV Zip Code 89703 Purpose of Disbursement Email service Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>003 Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Marriott Wardman Hotel Mailing Address 2660 Woodley Road NW	<b>Transaction ID:</b> SB21B.24706 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20008 Purpose of Disbursement Travel expenses Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>5687.08</div> <div>002 Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6987.08**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Joe Miller

Mailing Address PO Box 83440

City  
Fairbanks

State  
AK

Zip Code  
99708

Purpose of Disbursement

Travel Per diem supporting non-federal candidate Phil Moffett

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.24757

Date of Disbursement

04 / 19 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Joe Miller

Mailing Address PO Box 83440

City  
Fairbanks

State  
AK

Zip Code  
99708

Purpose of Disbursement

Travel Per diem supporting non-federal candidate Phil Moffett

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.24777

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

576.84

C.

Full Name (Last, First, Middle Initial)

Nevada Secretary of State

Mailing Address 101 N. Carson St Suite #3

City  
Carson City

State  
NV

Zip Code  
89701

Purpose of Disbursement

Registration fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.24768

Date of Disbursement

04 / 22 / 2011

Amount of Each Disbursement this Period

225.00

SUBTOTAL of Disbursements This Page (optional) .....

1801.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Newsmax Media Inc

Mailing Address 560 Billage Blvd #120

City State Zip Code  
West Palm Beach FL 33409

Purpose of Disbursement  
Fundraising email

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.24754

Date of Disbursement

04 / 15 / 2011

Amount of Each Disbursement this Period

1232.00

**B.**

Full Name (Last, First, Middle Initial)

NvRA

Mailing Address P.O. Box 7745

City State Zip Code  
Reno NV 89510

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.25450

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Orbitz.com

Mailing Address 500 West Madison Street, Suite 100

City State Zip Code  
Chicago IL 60661

Purpose of Disbursement  
Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.24716

Date of Disbursement

02 / 24 / 2011

Amount of Each Disbursement this Period

155.14

**SUBTOTAL** of Disbursements This Page (optional) .....

2887.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Paramount Communications Group

Mailing Address 525-K East Market St #114

City Leesburg State VA Zip Code 20176

Purpose of Disbursement

Email service

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24700

Date of Disbursement

01 / 25 / 2011

Amount of Each Disbursement this Period

255.64

B.

Full Name (Last, First, Middle Initial)

Paramount Communications Group

Mailing Address 525-K East Market St #114

City Leesburg State VA Zip Code 20176

Purpose of Disbursement

Email service

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24727

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

275.66

C.

Full Name (Last, First, Middle Initial)

Paramount Communications Group

Mailing Address 525-K East Market St #114

City Leesburg State VA Zip Code 20176

Purpose of Disbursement

Email services

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24743

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

1075.51

SUBTOTAL of Disbursements This Page (optional) .....

1606.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Paramount Communications Group

Mailing Address 525-K East Market St #114

City Leesburg State VA Zip Code 20176

Purpose of Disbursement

Email service

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24792

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

1725.63

B.

Full Name (Last, First, Middle Initial)

Passcode Creative

Mailing Address 227 3rd Ave North

City Franklin State TN Zip Code 37064

Purpose of Disbursement

Ad creation

Candidate Name

004

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24717

Date of Disbursement

02 / 24 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Web donation processing fee

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27124

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

826.45

SUBTOTAL of Disbursements This Page (optional) .....

5052.08

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Precision Campaigns

Mailing Address PO Box 147

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
Advertisizing

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.25458

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

1152.16

**B.**

Full Name (Last, First, Middle Initial)

RedWeb Campaigns

Mailing Address 1152 49th St

City  
Sacramento

State  
CA

Zip Code  
95819

Purpose of Disbursement  
Website development

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.24737

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

RedWeb Campaigns

Mailing Address 1152 49th St

City  
Sacramento

State  
CA

Zip Code  
95819

Purpose of Disbursement  
Website development

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.24744

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4152.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) RedWeb Campaigns</p> <p>Mailing Address 1152 49th St</p> <p>City Sacramento State CA Zip Code 95819</p> <p>Purpose of Disbursement Website development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.24775</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2600.00"/></p> <p>004 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) RedWeb Campaigns</p> <p>Mailing Address 1152 49th St</p> <p>City Sacramento State CA Zip Code 95819</p> <p>Purpose of Disbursement Web services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.25459</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Scott Fortney, TakeMyVoice.com</p> <p>Mailing Address 6960 Huntingdon Street</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>Purpose of Disbursement Ad Creation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.24709</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Scott Fortney, TakeMyVoice.com

Mailing Address 6960 Huntingdon Street

City  
Harrisburg

State  
PA

Zip Code  
17111

Purpose of Disbursement  
Ad creation

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24710

Date of Disbursement

02 / 20 / 2011

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bryan Shroyer

Mailing Address 2806 Normington Drive

City  
Sacramento

State  
CA

Zip Code  
95833

Purpose of Disbursement  
consulting services

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24759

Date of Disbursement

04 / 19 / 2011

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Bryan Shroyer

Mailing Address 2806 Normington Drive

City  
Sacramento

State  
CA

Zip Code  
95833

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.25447

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Travel Expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24684

Date of Disbursement

01 / 03 / 2011

Amount of Each Disbursement this Period

297.10

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24692

Date of Disbursement

01 / 18 / 2011

Amount of Each Disbursement this Period

146.00

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27137

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

876.80

SUBTOTAL of Disbursements This Page (optional) .....

1319.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> SB21B.27138 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 36647 - 1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	1	1												
City Dallas State TX Zip Code 75235	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund for cancelled travel Candidate Name	<table border="1"> <tr> <td align="center" colspan="10">-876.80</td> </tr> </table>	-876.80																			
-876.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> SB21B.24721 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 36647 - 1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	1												
City Dallas State TX Zip Code 75235	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses Candidate Name	<table border="1"> <tr> <td align="center" colspan="10">298.70</td> </tr> </table>	298.70																			
298.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> SB21B.24728 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 36647 - 1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City Dallas State TX Zip Code 75235	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel expenses Candidate Name	<table border="1"> <tr> <td align="center" colspan="10">597.40</td> </tr> </table>	597.40																			
597.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**19.30**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement

Travel expenses

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24730

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

316.10

**B.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement

Travel expenses supporting non-federal candidate Phil Moffett

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	1

Amount of Each Disbursement this Period

611.10

**C.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement

Travel expenses

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24736

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	1

Amount of Each Disbursement this Period

303.70

SUBTOTAL of Disbursements This Page (optional) .....

1230.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Travel expenses supporting non-federal candidate Phil Moffett

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24741

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

607.40

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Travel expenses supporting non-federal candidate Phil Moffett

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24756

Date of Disbursement

04 / 19 / 2011

Amount of Each Disbursement this Period

395.10

C.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City State Zip Code  
Sparks NV 89436

Purpose of Disbursement  
Travel Per diem

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24696

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

1302.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement

Travel Per diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24697

Date of Disbursement

01 / 25 / 2011

Amount of Each Disbursement this Period

653.91

B.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement

Travel Per diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24720

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement

Travel Per diem supporting non-federal candidate Phil Moffett

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24774

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

706.20

SUBTOTAL of Disbursements This Page (optional) .....

1960.11

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Michelle Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement

Travel Per diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27104

Date of Disbursement

02 / 20 / 2011

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Roger Stockton

Mailing Address 1811 Newman PI

City Carson City State NV Zip Code 89703

Purpose of Disbursement

Travel Per diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24704

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Roger Stockton

Mailing Address 1811 Newman PI

City Carson City State NV Zip Code 89703

Purpose of Disbursement

Travel Per diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.25448

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Roger Stockton

Mailing Address 1811 Newman Pl

City  
Carson City

State  
NV

Zip Code  
89703

Purpose of Disbursement  
Travel Per diem

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.25460

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

85.00

B.

Full Name (Last, First, Middle Initial)

The Black Sphere

Mailing Address PO Box 2036

City  
St. Louis

State  
MO

Zip Code  
63158

Purpose of Disbursement  
Ad creation

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24725

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

The Black Sphere

Mailing Address PO Box 2036

City  
St. Louis

State  
MO

Zip Code  
63158

Purpose of Disbursement  
Ad creation

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24749

Date of Disbursement

04 / 07 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3085.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

The Mathews Group

Mailing Address 4856 E Baseline Rd #104

City Mesa State AZ Zip Code 85206

Purpose of Disbursement

Office Rental

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24746

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

974.07

B.

Full Name (Last, First, Middle Initial)

The Mathews Group

Mailing Address 4856 E Baseline Rd #104

City Mesa State AZ Zip Code 85206

Purpose of Disbursement

Office Rental

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24793

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

405.97

C.

Full Name (Last, First, Middle Initial)

The Mathews Group

Mailing Address 4856 E Baseline Rd #104

City Mesa State AZ Zip Code 85206

Purpose of Disbursement

Office Rental

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.25461

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional) .....

2180.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement  
Staffing Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24686

Date of Disbursement

01 / 05 / 2011

Amount of Each Disbursement this Period

2707.08

B.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement  
Staffing Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24691

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

2734.98

C.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement  
Staffing services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24701

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

2734.98

SUBTOTAL of Disbursements This Page (optional) .....

8177.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement  
Staffing services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24708

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

2734.98

B.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement  
Staffing services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24722

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2729.48

C.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement  
Staffing services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24735

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

15614.22

SUBTOTAL of Disbursements This Page (optional) .....

21078.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tristate Odyssey	<b>Transaction ID:</b> SB21B.24742 <b>Date of Disbursement</b>																				
Mailing Address 1817 N Stewart St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Carson City State NV Zip Code 89706	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staffing services Candidate Name	<table border="1"> <tr> <td colspan="10">5642.83</td> </tr> </table>	5642.83																			
5642.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tristate Odyssey	<b>Transaction ID:</b> SB21B.24755 <b>Date of Disbursement</b>																				
Mailing Address 1817 N Stewart St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	1												
City Carson City State NV Zip Code 89706	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staffing services Candidate Name	<table border="1"> <tr> <td colspan="10">5642.83</td> </tr> </table>	5642.83																			
5642.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Tristate Odyssey	<b>Transaction ID:</b> SB21B.24776 <b>Date of Disbursement</b>																				
Mailing Address 1817 N Stewart St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	1												
City Carson City State NV Zip Code 89706	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staffing services Candidate Name	<table border="1"> <tr> <td colspan="10">5637.33</td> </tr> </table>	5637.33																			
5637.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

16922.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tristate Odyssey	<b>Transaction ID:</b> SB21B.24789 <b>Date of Disbursement</b>																				
Mailing Address 1817 N Stewart St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	1												
City Carson City State NV Zip Code 89706	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staffing services Candidate Name	<table border="1"> <tr> <td colspan="10">5626.33</td> </tr> </table>	5626.33																			
5626.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tristate Odyssey	<b>Transaction ID:</b> SB21B.24790 <b>Date of Disbursement</b>																				
Mailing Address 1817 N Stewart St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	1												
City Carson City State NV Zip Code 89706	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staffing services Candidate Name	<table border="1"> <tr> <td colspan="10">1754.01</td> </tr> </table>	1754.01																			
1754.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Tristate Odyssey	<b>Transaction ID:</b> SB21B.24794 <b>Date of Disbursement</b>																				
Mailing Address 1817 N Stewart St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	1												
City Carson City State NV Zip Code 89706	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Staffing services Candidate Name	<table border="1"> <tr> <td colspan="10">7380.34</td> </tr> </table>	7380.34																			
7380.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

14760.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement  
Staffing services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.25453

Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

5341.00

**B.**

Full Name (Last, First, Middle Initial)

TRUNC

Mailing Address 4045 S. Buffalo Drive 101-377

City Las Vegas State NV Zip Code 89147

Purpose of Disbursement  
Advertising expense

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.24787

Date of Disbursement

05 / 17 / 2011

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7341.00

**TOTAL** This Period (last page this line number only) .....

137988.16



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Cardinal Communications</p> <p>Mailing Address 312 Cardinal Way</p> <p>City Monticello State KY Zip Code 42633</p> <p>Purpose of Disbursement Radio ad supporting non-federal candidate Phil Moffett</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24784</p> <p>Date of Disbursement 05 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2127.44</p> <p>004 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Forever Communications Inc</p> <p>Mailing Address 227 West Main Street</p> <p>City Glasgow State KY Zip Code 42141</p> <p>Purpose of Disbursement Radio ad supporting non-federal candidate Phil Moffett</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24766</p> <p>Date of Disbursement 04 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 552.50</p> <p>004 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Scott Fortney, TakeMyVoice.com</p> <p>Mailing Address 6960 Huntingdon Street</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>Purpose of Disbursement Radio ad supporting non-federal candidate Phil Moffett</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.24780</p> <p>Date of Disbursement 05 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>004 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

3179.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

WKCT FM

Mailing Address PO Box 930

City  
Bowling Green

State  
KY

Zip Code  
42102

Purpose of Disbursement

Radio ad supporting non-federal candidate Phil Moffett

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.24764

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2011

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

4879.94

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 83 / 83

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Innovative Networks Inc		Date M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 1	
Mailing Address 1811 Newman Pl		Amount 500.00	
City Carson City		Transaction ID: SE.27148	
State NV		Office Sought: <input type="checkbox"/> House State: _____	
Zip Code 89703		<input type="checkbox"/> Senate District: 00	
Purpose of Expenditure Bulk Email		<input checked="" type="checkbox"/> Presidential	
Category/ Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MITT ROMNEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		2012 <input type="checkbox"/> Other (specify) : _____	
500.00			

(a) SUBTOTAL of Itemized Independent Expenditures .....	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 1 1